

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2		①		✓		
3	✓		✓			
4		✓		✓		
5	✓		✓			
6		✓		✓		
7		✓		✓		
8		✓		✓		
9	✓		✓			
10		✓		✓		
11	✓		✓			
12		✓		✓		
13	✓		✓			
14		✓		✓		
15		✓		✓		
16		✓		✓		
17	✓		✓			
18		✓		✓		
19		✓		✓		
20	✓		✓			
21		✓		✓		
22		✓		✓		
23		✓		✓		
24		✓		✓		
25		✓		✓		
26	✓		✓			
27		✓		✓		
28		✓		✓		
29		✓		✓		
30	✓		✓			
31		✓		✓		
32		✓		✓		
33	✓		✓			
34		✓		✓		
35		✓		✓		
36		✓		✓		
37		✓		✓		
38		✓		✓		
39	✓		✓			
40		✓		✓		
41		✓		✓		
42		✓		✓		
43	✓		✓			
44		✓		✓		
45		✓		✓		
46	✓		✓			
47		✓		✓		
48		✓		✓		
49		✓		✓		
50		✓		✓		
TOTAL IND.		✓		✓		✓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		✓		✓		
52	✓		✓			
53		✓		✓		
54		✓		✓		
55		✓		✓		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		✓	✓	✓		✓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS